

Memo

To: All Staff
From: Henry Atencio, Deputy Director Department of Correction
CC: Jeff Zimada, Prisons Chief
Date: 9/3/2015
Re: SOP Prison Rape Elimination 325.02.01.001


The following narrative will replace instruction as found on page 7 of 16, section 8 step 7 of SOP 325.02.01.001 Prison Rape Elimination.

"If the assault occurred within seventy-two (72) hours, secures the alleged perpetrator in a holding area to preserve evidence. If the designated holding area has a toilet or running water, all water is to be shut off, the toilet flushed and any other additional steps taken to ensure the alleged perpetrator is unable to wash away any evidence. (If not within seventy-two (72) hours, skip to step 12). Placement in a holding area will not exceed two (2) hours, and the subject will be afforded toilet and drinking water every 30 minutes or upon request."

Appendix 3, page 3 will read:

AGGRESSOR/SUSPECT PLACED IN A HOLDING AREA

Adjustments will be made to the existing SOP during the next review.

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| Idaho Department of Correction  | Standard Operating Procedure Division of Prisons Inmate Management | Control Number: 325.02.01.001 | Version: 3.0 | Page Number: 1 of 16 |
| | | Title: Prison Rape Elimination | | Adopted: 8-17-2004 Reviewed: 5-20-2009 Next Review: 5-20-2011 |

This document was approved by Pam Sonnen, chief of the Division of Prisons, on
5/20/09 (signature on file).

BOARD OF CORRECTION IDAPA RULE NUMBER

[None](#)

POLICY STATEMENT NUMBER 325

[Prison Rape and Sexual Activity Elimination](#)

POLICY DOCUMENT NUMBER 325

[Prison Rape and Sexual Activity Elimination](#)

DEFINITIONS

[Standardized Definitions List](#)

Mental Health Professional: A staff member who has specialized training and skills in the nature and treatment of mental illness to include, but not limited to, psychologists, psychiatrists, clinical social workers, and clinicians who, by virtue of their education, credentials, and experience, are permitted by law to evaluate and care for patients.

Rape: The penetration--however slight--of the oral, anal, vaginal, or anal opening for the purpose of sexual arousal, gratification, or abuse under one (1) or more of the following circumstances:

- Where the victim is (1) incapable through any unsoundness of mind or physical incapacity (whether temporary or permanent) or (2) a minor and cannot lawfully give consent
- Where the victim resists but resistance is overcome by force or violence
- Where the victim is (1) prevented from resisting due to threats of immediate and bodily harm, accompanied by an apparent power of execution or (2) unable to resist because of any intoxicating, narcotic, or anesthetic substance
- Where the victim is at the time unconscious of the nature of the act
- Where the victim submits under the belief that failure to submit will cause the actor to (1) physical harm to some person in the future, (2) damage property, engage in other conduct constituting a crime, (3) accuse any person of a crime, (4) cause criminal charges to be instituted against the victim, or (5) expose a secret or publicize an asserted fact--whether true or false--tending to subject any person to hatred, contempt, or ridicule.

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Sexual Activity: Physical contact between two (2) or more persons of the same or opposite sex for the purpose of sexual arousal or gratification. Such contact includes active or passive contact, or fondling of the genitals, hands, mouth, buttocks, anus, or breasts of another person who expresses or implies consent to the accused offender.

Sexual Assault: Sexual physical contact without the other person's expressed (i.e., implied or legal) consent or when the other person is unconscious or otherwise physically incapable of resisting or when verbal or written sexual proposals threatens or harasses another person.

Sexual Assault Response Team (SART): A team comprised of three (3) or more individuals, which includes one (1) medical staff, one (1) security staff, one (1) mental health professional, and one (1) person designated as the facility victim services coordinator. The mental health professional may serve as the facility victim services coordinator, or the victim services coordinator can be a fourth (4th) member of the team. Preferably, but in some instances, the facility victim services coordinator will not be a member of security.

PURPOSE

Prison rape and sexual activity seriously reduce the Department's ability to fulfill its mission to protect the public. The consequences of prison rape and sexual activity include the following:

- Victimizes vulnerable individuals such as mentally ill and youthful offenders.
- Spreads disease such as human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS), hepatitis, and tuberculosis.
- Increases the risk that the victims of prison rape will commit crimes when they are released.
- Exacerbates racial tension because of interracial sexual assaults.
- Causes victims severe psychological and physical effects.
- Increases the risk of homicide and other violence against offenders and staff.
- Increases the risk of insurrection and riot.
- Reduces offenders' ability to successfully transition to the community and a law-abiding life style when released.

SCOPE

This standard operating procedure (SOP) applies to all Idaho Department of Correction (IDOC) facilities, offenders incarcerated under IDOC jurisdiction, and all Department employees, volunteers, contractors, and vendors.

RESPONSIBILITY

Division of Prisons

The deputy chief of the Division of Prisons or designee is responsible for the following:

- Submitting a report regarding the incidence of rape, sexual assault, and sexual activity each month to the chief of the Division of Prisons and director of correction.

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- Monitoring the number of rape, sexual assault, and sexual activity incidents at each facility.
- Ensuring a thorough and objective investigation of the incident is completed.
- Watching for inconsistencies between the number of incidents reported through 105 and disciplinary reports, and the number of incidents reported on offender exit surveys.
- Recommending corrective action to the chief of the Division of Prisons and the director to improve performance in eliminating the occurrence of rape, sexual assault, and sexual activity in Idaho prisons.

Facility Management

Facility managers are responsible for the following:

- Implementing this SOP.
- Insuring that staff members receive annual refresher training regarding this SOP.
- Monitoring prevention and detection efforts.
- Monitoring prison cultures to include racial tension, gang activity, drug trafficking, identification and monitoring of sexual predators.
- Monitoring safety issues for vulnerable and youthful offenders.
- Establishing count procedures that ensure offenders are in their assigned bunks (staff must conduct at least one (1) photo-identification (ID) count on the offenders housed in locked-down cells on random days of the week at the 21:00 count).
- Establishing a Sexual Assault Response Team (SART).
- Fostering a professional environment to include striving to eliminate sexually oriented jokes, flirting, sexual conversation, sexual harassment, profanity, prison slang depicting prison rape/sexual activity etc.
- Ensuring that victims receive counseling from a counselor professionally trained to deal with rape victims (See [section 16](#), Victim Crisis Counseling).

Division of Education and Treatment

The deputy chief of the Division of Education and Treatment or designee is responsible for the following:

- Monitoring and revising lesson plans and training materials for offender education in regards to eliminating prison rape and sexual activity.

Human Resource Services

Training

The training unit is responsible for the following:

- Developing lesson plans for pre-service training.
- Training staff during pre-service training.
- Developing lesson plans for refresher training.

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Evaluation and Compliance

The deputy chief of the Division of Management Services is responsible for the following:

- Developing the methodology for reporting data from 105 reports, disciplinary reports, facility monthly reports, and offender exit surveys.
- Formatting the data for presentation.
- Forwarding the data to the Division's deputy chiefs for review at their Monthly Management Analysis Meetings.

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GENERAL REQUIREMENTS

1. Offender Education

During the reception and diagnostic process, all offenders entering the Department will attend an educational program designed to prevent the occurrence of rape and sexual activity.

The education will include how to avoid risk situations, safely report rape and sexual activity, and obtain counseling if victimized.

Offenders will receive the Department's handbook, *Maintaining Dignity, Prison Rape and Sexual Activity Elimination*.

2. Staff Education

Pre-service Training

Department staff members will attend training regarding prison rape and sexual activity. This class will teach staff how to prevent, detect, and report prison rape and sexual activity.

In-service Training

Annually, all prison staff will receive refresher training regarding this SOP.

3. Detection and Prevention

All staff members are responsible for the detection, prevention, and reporting of prison rape and sexual activity.

Prison rape is a violent act. It is about power and control. In prison, it can be used as an act of violence against one's enemies, a method of intimidation, or for revenge.

Warning signs include offenders who are reluctant to talk with staff and offenders who are sequestered from staff by other offenders.

Good correctional practices include preventing gang activities, eliminating drugs and other contraband, eliminating "offender only" areas, conducting random cell checks, maintaining open communication with offenders, and whenever possible, providing direct staff supervision of the offender population.

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Insuring that offenders are in their assigned cells reduces risk. Where offenders are housed in locked-down cells, staff must perform at least one (1) photo-identification (ID) count on random days of the week at the 21:00 count.

4. Gender Appropriate Clothing and Hygiene

To foster an environment safe from sexual misconduct, offenders are prohibited from dressing or displaying the appearance of the opposite gender. Specifically, male offenders displaying feminine or effeminate appearance and female offenders displaying masculine appearance to include, but not limited to, the following:

- Hairstyles
- Shaping eyebrows
- Face makeup
- Undergarments
- Jewelry
- Gender opposite clothing

Staff will use SOP [320.02.01.001](#), *Property: State-issued and Offender Personal Property*, for guidance.

If there is any discrepancy or question in this matter, the facility head at each institution is the determining authority. Facility heads will implement the provisions of this section in accordance with SOP [401.06.03.501](#), *Gender Identity Disorder: Healthcare for Offenders with*, and (where relevant) in accordance with an offender's treatment plan.

5. Offenders at Increased Risk

Offenders with mental illness, youthful offenders, and those who appear to be potential targets for sexual predators are at increased risk for prison rape and sexual activity.

Unit supervisors or designees should routinely discuss safety with at-risk offenders in a safe setting away from other offenders. These contacts should be documented in the chronological notes in the case management file (or in the Corrections Integrated System (CIS) when it becomes available).

The frequency of these contacts will vary based on the risk level of the facility. (For example, contacts at maximum security might be weekly, where as contacts at a work camp might be quarterly.)

6. Confidentiality

The sharing of information regarding a sexual assault and sexual activity should be limited to those who need to know for decision making, investigation, and prosecution. Staff members will refrain from talking openly about such issues. Staff is required to immediately address inappropriate comments such as taunting or teasing.

7. Offender Reporting Process

Offenders are encouraged to report instances of prison rape, sexual assault, and sexual activity. Offenders should be encouraged, but not forced to name the assailant. If it is believed that an offender is the victim of a sexual assault, but is unwilling or unable to name

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the assailant, the procedures of this SOP remain in full force and effect and the evidence collection, SART procedures, reporting, and investigation should continue as if the perpetrator is known.

All offenders will receive education on how to report such activities during the Reception/Diagnostic Unit (RDU) process, in offender handbooks, through interaction with staff, or the use of fliers, posters, or other means of publication.

The best method of reporting is the quickest, surest, and safest method available to the offender at the time. Generally, the best methods are in the following order:

- Report it immediately to a staff member.
- Submit a medical concern form and report it to a staff member during sick call.
- Call someone outside the facility that can contact facility administrative staff.
- Call the institutional investigative number.
- Submit a concern form to security staff.
- Write a letter to the facility head sealed and marked confidential.

In addition, offenders who are not victims, but are aware of a rape or sexual activity may report using any of the methods mentioned above. Offenders making such reports may remain anonymous but should identify the victim and perpetrator to the best of their ability.

8. Reporting and Investigating Rape and Sexual Assault

| Functional Roles and Responsibilities | Step | Tasks |
|---------------------------------------|----------|--|
| Staff Member | 1 | Detects or learns of a rape or sexual assault. |
| Staff Member | 2 | Ensures that the victim is safe. (Although it is natural for the victim to want to clean up, the victim should not shower, eat, or drink until after the evidence collection.) |
| Staff Member | 3 | Immediately contacts the shift commander. |
| Shift Commander | 4 | If a medical emergency exists, ensures that the victim receives medical attention. |
| Shift Commander | 5 | Secures the area as a crime scene in accordance with standard operating procedure (SOP) 116.02.01.001 , Custody of Evidence. |
| Shift Commander | 6 | Obtains Appendix 3, <i>Sexual Assault Checklist</i> . |
| Shift Commander | 7 | If the assault occurred within seventy-two (72) hours, secures the alleged perpetrator in a dry cell to preserve evidence. (If not within seventy-two (72) hours skip to step 12.) |
| Shift Commander | 8 | Collects the alleged perpetrator's and victim's clothing maintaining a chain of custody in accordance with SOP 116.02.01.001 , Custody of Evidence, until it can be turned over to the law enforcement agency with jurisdiction. |
| Shift Commander | 9 | Contacts local law enforcement and requests an immediate investigation. |

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| Functional Roles and Responsibilities | Step | Tasks |
|--|-------------|--|
| Shift Commander | 10 | If victim is transported to the hospital, collect his clothing before he leaves the facility and maintain a chain of custody. |
| Shift Commander | 11 | If the Sexual Assault Response Team (SART) includes a local hospital, calls the hospital and tell them a rape victim is being transported to the hospital and request that the hospital SART be activated. (Transport in accordance with SOP 322.02.01.001 , Transportation of Offenders Outside Institution.) |
| Shift Commander | 12 | Maintains the custody of evidence, until it can be turned over to the law enforcement agency with jurisdiction. |
| Shift Commander | 13 | Activates the SART as designated by field memorandum. |
| Shift Commander | 14 | Notifies law enforcement of the alleged crime and asks for an immediate investigation. |
| Shift Commander | 15 | Notifies the facility clinician or mental health professional (if not a member of SART). |
| Shift Commander | 16 | Ensures that evidence is gathered for the prosecution of the alleged perpetrator. |
| Shift Commander | 17 | Contacts the facility head and duty officer. (Facility head skips to step 22.) |
| Shift Commander | 18 | Notifies the Department's victim services coordinator within twenty-four (24) hours if event is outside of normal working hours. |
| Shift Commander | 19 | Contacts the Prison Rape Elimination Act (PREA) program coordinator within twenty-four (24) hours if event is outside normal working hours. |
| Shift Commander | 20 | Ensures that involved staff members complete reports before they leave the facility. |
| Shift Commander | 21 | Completes and transmits a 105 report to the Division of Prisons Incident Report Group. |
| Shift Commander | 22 | Completes a disciplinary offense report against the alleged perpetrator. |
| Facility Head | 23 | Includes in the monthly report all rape statistics, including any that were suspected but not substantiated. |
| Facility Head | 24 | Insures the victim receives counseling in accordance with this SOP, section 16 , Victim Crisis Counseling. |

Note: If there is an allegation that a staff member or agent of the Department is involved in sexual activity with an offender, whether consensual or not, the senior correctional staff on site must immediately call the administrative duty officer. Remember that any sexual contact between a staff member and an offender is a felony in the state of Idaho and staff must secure any crime scene and evidence in accordance with this SOP.

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9. Medical Attention and Sexual Assault Examination

Victims of sexual assault should receive prompt medical attention, and when the assault occurred within seventy-two (72) hours, a sexual assault examination. Both must be performed by a trained medical professional and evidence must be maintained in accordance with SOP [116.02.01.001](#), Custody of Evidence.

In most cases, sexual assault examinations will be conducted at a local hospital emergency room. In a rare emergency, with the approval of the Department medical authority, the examination can be conducted by a licensed medical provider at an IDOC medical facility. Licensed IDOC medical contractors are permitted to collect forensic evidence in a case of sexual assault (SOP [401.06.03.068](#), Forensic Information and SOP [401.06.03.057](#), Sexual Assaults).

While forensic examinations for sexual assault are usually done in a local hospital emergency room, the IDOC medical contract provider gives medical care for injuries, testing for sexually transmitted disease, and medical counseling.

Medical care and sexual assault examinations are separate and different procedures. Offenders have the right to refuse either. Victims should be encouraged, but not forced to consent to a sexual assault examination. However, offenders can refuse consent to the sexual assault examination, and still consent to and receive medical care.

10. Sexual Assault Response Team (SART) Members

Facility heads will identify a facility SART in a field memorandum. The SART will include representation from the medical provider, a mental health professional, and security, and a facility victim services coordinator. Facility heads should consider the availability of team members twenty-four (24) hours a day, seven (7) days a week. For example, the team might be comprised of shift commanders, crisis call program staff, and on duty medical staff. This method identifies the team by position instead of individuals. An exception might be the victim services coordinator.

SART is responsible for the immediate management of the victim offender to include temporary housing decisions.

Victims should not be housed on the same unit as the alleged perpetrators. Victims should be housed in the least restrictive environment possible and should be allowed to retain personal property that does not present a legitimate security concern. After the sexual assault exam has been completed (or refused) victims should be given access to a shower, food, and drink. Telephone calls to family, visits from clergy, community victim services coordinators, etc., should be allowed whenever possible.

If the members of the SART cannot agree on a housing assignment, the shift commander will notify the facility head. The facility head will then decide the victim's housing assignment.

Note: Medical personnel are part of the SART to ensure that medical concerns are considered and a balanced multi-disciplinary team approach is used when making decisions regarding a sexual assault victim. However, IDOC staff must recognize that medical personnel are contract providers, not IDOC employees. The contract provider must approve any additional work time for training, meetings, and other activities that affect a medical staff member's work or schedule.

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11. Sexual Activity

Sexual activity between offenders and between offenders and staff in prison is prohibited. Sexual activity might be consensual or might occur because of manipulation or coercion yet not match the definition of rape. Detection can be more difficult if both parties consented because disclosure will result in disciplinary action.

Good correctional practices can reduce, prevent, and detect sexual activity. Avoiding a sexually charged atmosphere, conducting random cell checks, observing offender behavior, taking extra precautions to protect vulnerable offenders, and ensuring that offenders are in the correct bunk assignments reduces risk.

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12. Reporting and Investigating Sexual Activity

| Functional Roles and Responsibilities | Step | Tasks |
|---------------------------------------|-----------|--|
| Staff Member | 1 | Detects or learns of sexual activity between offenders. |
| Staff Member | 2 | Separates, restricts, and isolates the offenders. |
| Staff Member | 3 | Contacts the shift commander. |
| Shift Commander | 4 | Contacts an investigator or, if an investigator is not available, continues this process. |
| Investigator / Shift Commander | 5 | Conducts a preliminary inquiry to ensure that the sexual activity was not a rape or sexual assault. |
| Investigator/Shift Commander | 6 | If it appears that the sexual activity may have been a rape, the shift commander/investigator implements the rape reporting procedure in this standard operating procedure (SOP). |
| Investigator/shift commander | 7 | If further investigation is required, places the offenders in appropriate housing, which may include restrictive housing. |
| Investigator/Shift Commander | 8 | If the evidence indicates that the offenders were engaged in consensual sexual activity, ensures that disciplinary offense reports are written to both offenders. |
| Investigator/Shift Commander | 9 | Contacts a designated mental health professional. |
| Mental Health Professional | 10 | Within two (2) working days, interviews the offenders, reviews their histories, and assesses if victim any or suicidal ideation issues need to be addressed. |
| Mental Health Professional | 11 | Reminds the offenders of the Department's zero-tolerance philosophy regarding sexual activity and that continued sexual behavior could result in housing that is more restrictive. |
| Mental Health Professional | 12 | With the offenders, reviews the Department's handbook, <i>Maintaining Dignity, Prison Rape and Sexual Activity Elimination</i> with the offenders regarding the reasons why sexual behavior is not allowed. |
| Mental Health Professional | 13 | Makes an offender management recommendation to the facility head, which may include housing that is more restrictive for a predatory offender (two (2) or more disciplinary offense reports for sexual activity with different partners, evidence of coercion or manipulation, or selecting vulnerable partners demonstrate predatory behavior). The recommendation could include housing that is safer for a vulnerable offender. |
| Facility Head | 14 | Considers and acts on recommendations from the mental health professional. |
| Facility Head | 15 | Reports sexual activity statistics in each monthly report. |

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13. Control of Venereal Diseases

Any person who knowing that he or she is infected with acquired immunodeficiency syndrome (AIDS) AIDS related complexes (ARC), or other manifestations of human immunodeficiency virus (HIV) infection, transfers or attempts to transfer any of his or her body fluid to another person is guilty of a felony.

IDOC investigators will check the AIDS, ARC, and HIV status of every offender involved in sexual activity, sexual assault, or rape, or attempts of such activity. IDOC investigators will contact the facility medical provider with the names of the inmates involved. The IDOC medical provider will disclose the AIDS, ARC, and HIV status of the involved offenders to the IDOC investigator. If the investigator learns that an involved offender is positive for these conditions, he will immediately contact the shift commander. The shift commander will take immediate action to isolate the offender and contact local law enforcement for a criminal investigation. The shift commander will notify the Division of Prisons report group using SOP [105.02.01.001](#), General Reporting and Investigation of Major Incidents.

The victim offender will not be interviewed until the criminal investigator has completed his interviews. Once the criminal investigator has completed his interview, the SART team will be activated to address the needs of the victim in accordance with this SOP.

Note: However, if criminal charges are not pursued, the IDOC will still take disciplinary and administrative action against the accused in accordance with this SOP.

14. False Allegations

If it is found that an allegation of rape, sexual assault, or sexual activity was false, the case should be referred to law enforcement for prosecution.

Any offender who files a false allegation should also receive a disciplinary offense report to include a request for restitution when applicable. (See SOP [318.02.01.001](#), Disciplinary Procedures.)

15. Victim Services

The Department uses three (3) levels of victim services coordinators: Department victim services coordinator, facility victim services coordinator, and community victim services coordinator.

Facility Heads

The facility heads are responsible to:

- Identify facility victim services coordinator.
- Establish community victim services coordinator to provide victim services to offender victims.
- Ensure the community victim services coordinators are trained in the protocols for entering the facility.
- Ensure that shift commanders know how to contact facility, Department, and community victim services coordinators.
- Supply the Department victim services coordinator with the facility victim coordinator's name and contact information.

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- Ensure that facility victim services coordinators attend the Department's annual victim coordinator training.

Department Victim Services Coordinator

The Department victim services coordinator is an administrative position that oversees victim services for the Department. The Department victim services coordinator's primary role is to provide services and information to victims of offenders in the community. The Department victim services coordinator also oversees victim services to offender victims of prison rape, which includes providing oversight, guidance, training, and support to facility victim services coordinators. In addition, the Department victim services coordinator may act as a facility victim services coordinator if necessary.

The Department victim services coordinator is responsible to:

- Maintain a current list of facility victim services coordinators.
- Ensure that each facility has a facility victim services coordinator.
- Provide annual training for facility victim services coordinators.
- Review victim services practices at each facility to ensure compliance with this SOP.
- Act as a resource for facility victim coordinators, managers, staff members, outside stakeholders, victims of prison rape, and their families.
- Monitor facility practices in handling victims of prison rape.
- Monitor practices involving access to victim services when offenders transition to the community.

Facility Victim Services Coordinator

Facility victim services coordinators provide direct services to offenders who are victims of prison rape. These services are focused on the immediate needs of the offender about housing and other confinement related issues. The facility victim coordinator role balances the needs of the victim and the needs of the Department.

Facility victim services coordinators are responsible to:

- Respond to, or ensure that a community victim services coordinator responds to, the victim immediately.
- Ensure that the victim has support during the evidence collection process.
- Ensure that the victim has clothing at the hospital or medical unit because clothing will be collected as evidence.
- Discuss housing options with the victim.
- Explain the limitations for housing based on location and classification.
- Represent the offender during discussions with the facility SART regarding housing options to include retention of personal property, access to showers, use of telephone, and visitation with the community victim services coordinator, family, and clergy.
- Coordinate with the community victim services coordinator for additional victim services.

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- Coordinate crisis counseling services approved by the facility head.
- Provide training to the community victim services coordinators about the protocols of working with offender victims in the IDOC.
- Facility victim coordinators should not:
- Advocate for parole or any other form of early release based on their role as facility victim services coordinator.
- Act in any manner that is not consistent with the professional boundaries expected of correctional staff members.

Community Victim Services Coordinator

Community victim services coordinators provide direct services to offenders who are victims of rape. These services focus on helping the victim overcome the trauma of rape and supporting the victim through the prosecution of the perpetrator. Communities often have victim services coordinators and should be considered for this role. Other sources for this role include religious and volunteer organizations.

16. Victim Crisis Counseling

Victims need help to deal with the trauma of the assault. Department staff should monitor victims for suicidal ideation and self-injurious behaviors. (See Department [Policy 315](#), Suicide Risk Management.)

The facility head is responsible to ensure that victims receive crisis counseling from a competent professional. The counselor should be a licensed professional (licensed counselor, social worker, psychologist, etc.) with training and experience necessary to effectively counsel rape victims. Department employees should not provide the crisis counseling.

Crisis counseling should be offered as soon as possible following a rape. The crisis counseling should be limited to the crisis created by the assault. The counselor should agree to limit the number of sessions (normally no more than ten (10) sessions). The average number of sessions is seven (7). The crisis counseling services will be paid from the facility's operating budget.

If a police report was filed, victims of prison rape are eligible for assistance for counseling through Crime Victim Compensation, but only after their release from prison.

17. Data Collection and Analysis

Every offender leaving an IDOC facility will be asked to complete an exit survey (See Appendix 1, *Offender Exit Survey* or Appendix 2, *Offender Exit Survey (Spanish version)*) to assess the frequency of prison rape, sexual activity, and other information pertinent to safe and orderly facility operations.

Offenders will complete the surveys in a confidential manner and seal them in an envelope marked "Exit Survey, Confidential."

Completed exit surveys will be forwarded to the Division of Prisons the next working day.

Upon receiving the surveys, a staff member will review them immediately. If anyone has requested Department assistance because of being a victim of prison rape, the staff

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member will contact the Department victim services coordinator. The Department victim services coordinator will contact the offender.

The Division of Prisons will input the data from the exit surveys into a computerized format, and then forward the computerized data to Evaluation and Compliance.

Each month Evaluation and Compliance will compile the data from disciplinary reports, 105 reports, facility monthly reports, and exit surveys. The analysis report will contain the following information:

- Month and year
- Facility name
- Number of offenders released during the month
- Number of related disciplinary offense reports
- Incidents of rape or sexual activity reported in 105 reports
- Incidents of rape or sexual activity reported in facility monthly reports
- Number of exit surveys received
- Affirmative responses for each question in the exit survey
- Facilities named in affirmative responses

Chiefs, deputy chiefs, and deputy administrators will review these reports each month to establish trends, identify problem areas, and monitor risk reduction efforts. At a minimum the data should be analyzed in the following ways:

- Evaluate facility detection efforts.
- Evaluate offender-reporting mechanisms.
- Evaluate risk-reduction efforts.
- Compare data gathered from exit surveys against data collected by detection and offender reporting.
- Compare with previous data.
- Prorated based on facility population.
- Compare percentages of incidents based on population of rape, sexual assault, and sexual activity.

REFERENCES

Appendix 1, Offender Exit Survey

Appendix 2, Offender Exit Survey (Spanish version)

Appendix 3, Sexual Assault Checklist

Congressional Act S.1435 Prison Rape Elimination Act of 2003

Department [Policy 105](#), General Reporting of Major Incidents

Department [Policy 116](#), Custody of Evidence

Department [Policy 118](#), Training for Department of Correction Employees

| | | | |
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Department [Policy 125](#), Investigation of Escapes, Serious Crimes, Serious Injury or Deaths

Department [Policy 219](#), Sexual Misconduct with Offenders

Department [Policy 227](#), Departmental Investigations

Department [Policy 315](#), Suicide Prevention and Intervention Program

Department [Policy 318](#), Disciplinary Procedures

Department [Policy 319](#), Restrictive Housing

Department [Policy 322](#), Transportation of Inmates Outside Institutions/Transfers

Department [Policy 401](#), Hospitalization, Institutional Clinical Services, and Treatment

Division of Prison's Offender Handbook *Maintaining Dignity, Prison Rape and Sexual Activity Elimination*

Idaho Code Sections 18-901, 18-903, 18-904, 18-908, 18-910, 18-911, 18-912, 18-913, 18-6101, 18-6605, 18-6608, and 39-608

IDAPA 06.01.01, Rules of the Board of Correction, [section 116](#), Custody of Evidence

IDAPA 06.01.01, Rules of the Board of Correction, [section 401](#), Medical Care

Standard Operating Procedure [118.06.01.001](#), Training

Standard Operating Procedure [319.02.01.001](#), Restrictive Housing

Standard Operating Procedure [319.02.01.003](#), Protective Custody

Standard Operating Procedure [401.06.03.038](#), Sick Call

Standards for Adult Correctional Institutions, Fourth Edition, Standards 4-426,4-4231, 4-4232, 4-4249, 4-4281, 4-4285,4-4373, and 4-4406

-- End of Document --

**IDAHO DEPARTMENT OF CORRECTION
OFFENDER EXIT SURVEY**

Greetings,

The Idaho Department of Correction strives for continual improvement in its prison system. Accurate feedback from people released from the system can make a difference. We encourage you to complete this survey.

Please complete the survey, seal it in the envelope, and drop it in the locked box as directed by staff. The envelopes remain sealed until they reach the Department headquarters office in Boise.

Your response will remain confidential even if you chose to identify yourself. Only staff members who need to know, such as the Department victim services coordinator, will be told your identity.

Thank you for taking the time to complete this survey.

Sincerely,

Brent Reinke, Director

**IDAHO DEPARTMENT OF CORRECTION
OFFENDER EXIT SURVEY**

1. Length of time incarcerated in an IDOC facility:

0 to 6 months ____ 6 months to 1 year ____ 1 to 5 years ____ more than 5 years ____

2. While incarcerated did another inmate ever assault (physically attack) you?

Yes ____ No ____ If the answer is yes:

- a. How many times? ____
- b. At what facility did the assault occur? (Circle all that apply) ICIO NICI, IMSI, ISCI, SICI, CWC-SICI, ICC, PWCC, SAWC, CWC-IF, CWC-TF, SBWCC, CWC-Nampa, CWC-EB Other ____
- c. Did you receive medical attention? Yes ____ No ____
- d. Did you report it to a staff member? Yes ____ No ____
- e. Did staff take disciplinary or other action? Yes ____ No ____

3. While incarcerated did another inmate ever sexually assault (physically attack) you?

Yes ____ No ____ If the answer is yes:

- a. How many times? ____
- b. At what facility did the assault occur? (Circle all that apply) ICIO NICI, IMSI, ISCI, SICI, CWC-SICI, ICC, PWCC, SAWC, CWC-IF, CWC-TF, SBWCC, CWC-Nampa, CWC-EB Other ____
- c. Did you receive medical attention? Yes ____ No ____
- d. Did you report it to a staff member? Yes ____ No ____
- e. Did staff take disciplinary or other action? Yes ____ No ____

4. While incarcerated did you have consensual sexual contact with another inmate?

Yes ____ No ____ If the answer is yes:

- a. How many times? ____
- b. How many different inmates were you active with? ____
- c. At what facility did the contact occur? (Circle all that apply) ICIO NICI, IMSI, ISCI, SICI, CWC-SICI, ICC, PWCC, SAWC, CWC-IF, CWC-TF, SBWCC, CWC-Nampa, CWC-EB Other ____
- d. Did you receive medical attention? Yes ____ No ____
- e. Did you report it to a staff member? Yes ____ No ____
- f. Did staff take disciplinary or other action? Yes ____ No ____

**IDAHO DEPARTMENT OF CORRECTION
OFFENDER EXIT SURVEY**

On the following questions, rate each facility that you lived in during your incarceration.
Place the number that most closely reflects your opinion on the line following each facility.

| Strongly Disagree | Disagree | Neutral | Agree | Strongly Agree |
|-------------------|----------|---------|-------|----------------|
| 1 | 2 | 3 | 4 | 5 |

5. Staff members enforced the rules fairly and consistently.

ISCI ____ ICC ____ SICI ____ IMSI ____ SAWC ____ NICI ____

ICIO ____ PWCC ____ SBWCC ____ CWC-SICI ____

CWC-N ____ CWC-IF ____ CWC-TF ____ CWC-EB ____

Comments: _____

6. Staff members acted in a professional manner.

ISCI ____ ICC ____ SICI ____ IMSI ____ SAWC ____ NICI ____

ICIO ____ PWCC ____ SBWCC ____ CWC-SICI ____

CWC-N ____ CWC-IF ____ CWC-TF ____ CWC-EB ____

Comments: _____

7. Staff members treated offenders in a respectful manner.

ISCI ____ ICC ____ SICI ____ IMSI ____ SAWC ____ NICI ____

ICIO ____ PWCC ____ SBWCC ____ CWC-SICI ____

CWC-N ____ CWC-IF ____ CWC-TF ____ CWC-EB ____

Comments: _____

Optional: If you would like to be contacted by the Department victim services coordinator,
please complete the following information:

Name: _____

Address: Street _____

City: _____ State: _____ Zip Code: _____

Telephone number(s): _____

**IDAHO DEPARTMENT OF CORRECTION
OFFENDER EXIT SURVEY
(Encuesta de Exitor para el Ofensor)**

Saludos,

El Departamento de Correccion de Idaho se esfuerza continuamente para mejoramiento en su systema de prision. Precisa realimentacion de gente liberada de la systema puede hacer una deferencia. Nosotros lo animamos a completar esta encuesta.

Favor de completar esta encuesta, sellar en el sobre, y dejelo caer en la caja cerrada con llave asi como sea dirigido por oficiales. Los sobres permaneceran sellados hasta que alcancen la Casa Central de el Departamento en Boise.

Su repuesta permanecera en cofidencia aunque usted escoja de indificarse. Solamente miembros que tienen que saber tal como el coordinario de servicios victimo de el Departamento, se le dara saber su indificacion.

Gracias por tomar el tiempo para completar esta encuesta.

Con Sinceridad,

Brent Reinke, Director

**IDAHO DEPARTMENT OF CORRECTION
OFFENDER EXIT SURVEY
(Encuesta de Exitos para el Ofensor)**

1. Duracion de tiempo encarcelado en una facilidad de IDOC:

0 a 6 meses ____ 6 meses a 1 año ____ 1 a 5 años ____ mas de años ____

2. Mientras encarcelado otro preso alguna vez lo asalto (ataque fisico) a usted?

Si ____ No ____ Si su respuesta si:

- a. Cuántas veces? ____
- b. En cual facilidad ocurrio el asalto? (Circule cual es aplicable) IMSI, ISCI, SICI, CWC-SICI, ICIO, NICI, PWCC, SAWC, ICC, SBCWC, CWC-Nampa, CWC-EB, CWC-IF, CWC-TF, OTRO: _____
- c. Recibio atencion medica? Si ____ No ____
- d. Usted lo reporto a un miembro de el oficio? Si ____ No ____
- e. Oficiales tomaron acción disciplinaria o otra forma de acción? Si ____ No ____

3. Mientras encarcelado otro preso alguna vez lo asalto (ataque fisico) sexualmente?

Si ____ No ____ Si su respuesta si:

- a. Cuántas veces? _____
- b. En cual facilidad ocurrio el asalto? (Circule cual es aplicable) IMSI, ISCI, SICI, CWC-SICI, ICIO, NICI, PWCC, SAWC, ICC, SBCWC, CWC-Nampa, CWC-EB, CWC-IF, CWC-TF, Otro: _____
- c. Recibio atencion medica? Si ____ No ____
- d. Usted lo reporto a un miembro de el oficio? Si ____ No ____
- e. Oficiales tomaron acción disciplinaria o otra forma de acción? Si ____ No ____

4. Mientras encarcelado empeno sexo consensual con otro preso?

Si ____ No ____ Si su respuesta si:

- a. Cuántas veces? _____
- b. Con cuantos diferentes presos fue usted activo? _____
- c. En cual facilidad ocurrio el asalto? (Circule cual es aplicable) IMSI, ISCI, SICI, CWC-SICI, ICIO, NICI, PWCC, SAWC, ICC, SBCWC, CWC-Nampa, CWC-EB, CWC-IF, CWC-TF, Otro: _____
- d. Recibio atencion medica? Si ____ No ____
- e. Usted lo reporto a un miembro de el oficio? Si ____ No ____
- f. Oficiales tomaron acción disciplinaria o otra forma de acción? Si ____ No ____

**IDAHO DEPARTMENT OF CORRECTION
OFFENDER EXIT SURVEY**

(Encuesta de Exitor para el Ofensor)

En las preguntas siguientes, proporcione cada facilidad en cual usted vivio mientras su encarcelacion. Ponga el numero que mas cerca refleja su opinion en la linea siguiente de cada facilidad.

| Fuertemente Desagradable | Desagradable | Nutral | De Acuerdo | Fuertemente De Acuerdo |
|---------------------------------|---------------------|---------------|-------------------|-------------------------------|
| 1 | 2 | 3 | 4 | 5 |

5. Miembros del Oficio enforaron las reglas imparcialmente y con consistencia.

ISCI ____ ICC ____ SICI ____ IMSI ____ SAWC ____ NICI ____

ICIO ____ PWCC ____ SBWCC ____ CWC-SICI ____

CWC-N ____ CWC-IF ____ CWC-TF ____ CWC-EB ____

Comentarios: _____

6. Miembros del Oficio actuaron en manera profesional.

ISCI ____ ICC ____ SICI ____ IMSI ____ SAWC ____ NICI ____

ICIO ____ PWCC ____ SBWCC ____ CWC-SICI ____

CWC-N ____ CWC-IF ____ CWC-TF ____ CWC-EB ____

Comentarios: _____

7. Miembros del Oficio trataron a el ofensor en una manera respectiva.

ISCI ____ ICC ____ SICI ____ IMSI ____ SAWC ____ NICI ____

ICIO ____ PWCC ____ SBWCC ____ CWC-SICI ____

CWC-N ____ CWC-IF ____ CWC-TF ____ CWC-EB ____

Comentarios: _____

Opcional: Si usted le gustaria ser contactado por el coordinario de servicios victimo para el Ofensor, favor de completar la siguiente informacion:

Nombre: _____

Direccion Calle: _____

Ciudad: _____ Estado: _____ Codigo Postal: _____

Telefono(s): _____

**IDAHO DEPARTMENT OF CORRECTION
SEXUAL ASSAULT CHECKLIST
(To Be Completed By Shift Commander)**

Column 1: Occurring within 72 hours

Column 2: Over 72 hours from time of incident

Name: _____

Employee ID#: _____

Investigative Case # _____

| 72 Hours or Less | 73 Hours or Longer | |
|---------------------------|-----------------------------|--|
| | | ASSAULT ALLEGATION RECEIVED |
| | | Time and date of alleged assault _____ |
| | | Name and number of reporting inmate _____ |
| | | Name and number of suspect inmate _____ |
| | | Time and date allegation received _____ |
| | | Received by _____ |
| | | VICTIM AND SUSPECT(S) SEPARATED |
| | | Time and date separated _____ |
| | | Separated by whom _____ |
| | | Victim sent to _____ |
| | | Suspect sent to _____ |
| | | CRIME SCENE SECURED (keep EVERYONE out of area other than medical or the investigator) ** |
| | | Date and time secured _____ |
| | | Secured by _____ |
| | | Crime Scene log utilized (yes/no) _____ |
| | | Crime Scene log being kept by _____ |
| | | Photos taken (yes/no) _____ |
| | | Photos taken by (if yes) _____ |

**IDAHO DEPARTMENT OF CORRECTION
SEXUAL ASSAULT CHECKLIST
(To Be Completed By Shift Commander)**

| 72 Hours or Less | 73 Hours or Longer | |
|---------------------------|-----------------------------|--|
| | | Date and time photos taken _____ |
| | | Evidence collected from scene (yes/no) _____ |
| | | How many items collected _____ |
| | | Who collected evidence _____ |
| | | Time and date of collection _____ |
| | | <i>Items must be properly dried and placed in separate paper bags per standard operating procedure (SOP) 116.02.01.001, Custody of Evidence (Attachment B of 116.02.01.001 must be completed and attached to each bag).</i> |
| | | Secured in evidence locker (yes/no) _____ |
| | | WARDEN NOTIFIED * |
| | | Time and date notified _____ |
| | | Who made notification (name) _____ |
| | | FACILITY INVESTIGATOR NOTIFIED |
| | | Time and date notified _____ |
| | | Who made notification (name) _____ |
| | | LAW ENFORCEMENT NOTIFIED |
| | | Time and date notified _____ |
| | | Who was notified (name) _____ |
| | | Who made notification (name) _____ |
| | | VICTIM SUPPORT PERSON NOTIFIED |
| | | Time and date notified _____ |
| | | Who was notified (name) _____ |
| | | Who made notification (name) _____ |

**IDAHO DEPARTMENT OF CORRECTION
SEXUAL ASSAULT CHECKLIST
(To Be Completed By Shift Commander)**

| 72 Hours or Less | 73 Hours or Longer | |
|---------------------------|-----------------------------|--|
| | | |
| | | MENTAL HEALTH NOTIFIED (if different from victim support person) |
| | | Time and date notified _____ |
| | | Who was notified (name) _____ |
| | | Who made notification _____ |
| | | INCIDENT REPORT WRITTEN (copies for investigator upon his arrival) |
| ✓ | | VICTIM INSTRUCTIONS ADMINISTERED |
| | | Victim instructed not to shower |
| | | Victim instructed not to clean themselves |
| | | Victim instructed not to drink or brush teeth |
| | | VICTIM EXAMINED BY MEDICAL |
| | | Time and date examined _____ |
| | | Examined by (name) _____ |
| ✓ | | VICTIM PREPARED FOR TRANSPORT TO EMERGENCY ROOM |
| | | Victim undresses over a clean sheet |
| | | Sheet and clothing collected |
| | | Collected by _____ |
| | | Time and date of collection _____ |
| | | Items secured in evidence locker |
| | | <i>Items must be properly dried and placed in separate paper bags per SOP 116.02.01.001, Custody of Evidence (Attachment B of 116.02.01.001 must be completed and attached to each bag).</i> |
| ✓ | | AGGRESSOR/SUSPECT PLACED IN DRY CELL |

**IDAHO DEPARTMENT OF CORRECTION
SEXUAL ASSAULT CHECKLIST
(To Be Completed By Shift Commander)**

| 72 Hours or Less | 73 Hours or Longer | |
|---------------------------|-----------------------------|---|
| | | Time and date placed in cell _____ |
| | | Offender undresses over a clean sheet |
| | | Sheet and clothing collected |
| | | Collected by _____ |
| | | Time and date of collection _____ |
| | | Items secured in evidence locker |
| | | <i>Items must be properly dried and placed in separate paper bags per SOP 116.02.01.001, Custody of Evidence (Attachment B of 116.02.01.001 must be completed and attached to each bag).</i> |

* Warden may instruct shift commander to make additional notifications. Document those notifications on the reverse side of this sheet.

** The crime scene will be maintained until the criminal investigator or duty officer gives permission for the area to be returned to normal operation.